

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/582396

FILING DATE

ATTORNEY (A)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2	1			1			52						
3	1			1			53						
4	2			1			54						
5	2			1			55						
6	3			1			56						
7	2			1			57						
8	1			1			58						
9	1			1			59						
10	1			1			60						
11	1			1			61						
12	1		1				62						
13	1			1			63						
14	1			1			64						
15	1			1			65						
16	1			1			66						
17	1			1			67						
18	1			1			68						
19		1					69						
20		1					70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
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37							87						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			4										
TOTAL DEP.			16										
TOTAL CLAIMS			20										